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PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	Unknown
	Filing Date	Herewith
	First Named Inventor	VINOD, Thottumkara K.
	Group Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	718181.2

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:



27128

PATENT TRADEMARK OFFICE

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As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.7.1.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Sadiq Shah, Ph.D., Director, Office of Technology Transfer, Western Illinois University

Signature

Date

July 18, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement; This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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PTO/SB/18 (08-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	718181.2
	First Named Inventor	VINOD, Thottumkara K.
	COMPLETE IF KNOWN	
	Application Number	Not Yet Known
	Filing Date	Herewith
	Group Art Unit	Not Yet Known
	Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:
My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
USER- AND ECO-FRIENDLY HYPERVALENT IODINE REAGENT AND METHOD OF SYNTHESIS
(Title of the Invention)

the specification of which
☒ is attached hereto
OR
☐ was filed on (MM/DD/YY) as United States Application Number or PCT International (if applicable).

Application Number and was amended on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/400320	07/31/02

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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PTO/SB/18 (08-00)

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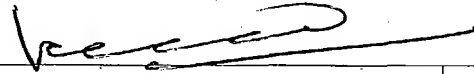
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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number
or Bar Code LabelOR ☒ Correspondence address belowName **R. Scott Kimsey**Address **Blackwell Sanders Peper Martin LLP**Address **720 Olive Street, Suite 2400**City **St. Louis**State **Missouri**ZIP **63101**Country **US**Telephone **314-345-6000**Fax **314-345-6060**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

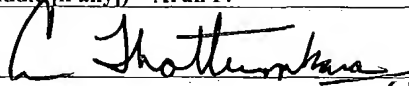
NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **Thottumkara K.**Family Name
Or Surname **Vinod**Inventor's
Signature Date **July 18, 2003**Residence City: **Macomb**State **IL**Country **USA**Citizenship **USA**Mailing Address: **1178 Stacy Lane**

Mailing Address

City **Macomb**State **IL**ZIP **61455**Country **USA**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **Arun P.**Family Name
Or Surname **Thottumkara**Inventor's
Signature Date **July 18, 2003**Residence City: **Macomb**State **IL**Country **USA**Citizenship **USA**Mailing Address: **1178 Stacy Lane**

Mailing Address

City **Macomb**State **IL**ZIP **61455**Country **USA**☐ Additional inventors are being named on the __ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.